

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">9/653182</div>	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2		/					52		/				
3		/					53		/				
4		/					54		/				
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6		/					56		/				
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35		/					85						
36		/					86						
37	/						87						
38	/						88						
39	/						89						
40		3					90						
41		3					91						
42		3					92						
43		3					93						
44		3					94						
45	/						95						
46		/					96						
47		/					97						
48	/						98						
49		/					99						
50		/					100						
TOTAL IND.							TOTAL IND.	11					
TOTAL DEP.							TOTAL DEP.	58					
TOTAL CLAIMS							TOTAL CLAIMS	69					